

INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management
Office of Pollution Prevention and Technical Assistance

100 North Senate Avenue IGCS W041 Indianapolis, IN 46204-2251 Telephone: (800) 988-7901

FAX: (317) 233-5627 E-mail: esp@idem.tN.gov www.in.gov/idem/prevention/esp

When to use this annual report form ...

STOP! Is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track and Indiana Environmental Stewardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at http://www.epa.gov/performancetrack/program/report.htm. The U.S. EPA will notify IDEM after receiving your annual performance report.

GO! Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, fax, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 800-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. <u>Indiana ESP facilities must submit an Annual Performance Report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.</u>

Please do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting all portions of your report on the Indiana ESP Web site.

SECTION A FACILITY INFÔRMATION
Name of Facility
Toyota Motor Manufacturing, Indiana, Inc.
Name of Parent Company (# applicable)
Toyota Motor Corporation
Street Address (number and street)
4000 Tulip Tree Drive
City/State/ZIP Code
Princeton, IN 47670
Facility/Company Web site
Tacinty/Company ** Co alto
CONTACT INFORMATION
Contact Name (Mr./Mrs./Ms./Dr.)
Ms. Lisa Carter
Title :
Environmental Specialist
Telephone number
812.387.2956
FAX number
812,387.2088
E-mail address
lisa.carter@tema.toyota.com
Mailing Address (if different from facility address)
4000 Tulip Tree Drive, Mail Drop SS-1
City/State/ZIP Code
Princeton, IN 47670
Reporting Period Dates
January 1 - December 31, 2008
If this is your third Annual Performance Report, do you wish to renew your Indiana Environmental Stewardship Program membership?
☐ YesIf yes, please complete all sections of this annual report.
☐ No—If no, you can skip Section D of this annual report.
CHANGE IN INFORMATION In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any
changes or additions to your facility's list of products or activities? If so, please list them in the space below.
☐ Yes ☑ No

SECTION 8 ENVIRONMENTAL MANAGE Why do we need this information?	EMENT SYSTEM ASSESSMENT
IDEM needs information on the performance and assessment	What do you need to do? Please summarize your facility's EMS assessments
activities of your Environmental Management System (EMS)	Attach additional sheets as necessary.
 Is your facility currently registered to a recognized third-party EMS standard? Yes 	Year: 2008
a. If yes, when was an EMS audit or other assessment last	Type: ISO 14001 Certification
conducted by an independent third party at your facility? Please provide the type (e.g., ISO 14001 certification),	Scope: Re-certification Audit
scope, and month of the last assessment.	Month: October
□ No	
 if no, when was an internal or corporate EMS audit last conducted at your facility? Please provide the scope and 	Year: 2008
month of the last assessment.	Scope: Periodical Audit
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
When did your facility last conduct an internal or corporate	
compliance audit? Please provide the scope and month(s) of each	Year: 2008
audit, and indicate who conducted the audit(s) (e.g., facility staff,	Scope: Compliance Audit
corporate groups, third party). Do not include audits, inspections, or site visits by regulatory organizations.	Month(s): Ocotber 2008
	Who: Toyota Corporate (TEMA)
(Optional) Please describe any other audits that were conducted at your facility.	ISO 14001 Periodical Audit, January 2008
 Has your facility corrected all instances of potential non-compliance and EMS non-conformance identified during your audits and other 	Observations made during the corporate audit and ISO
assessments?	audits were documented and investigated. TMMI
	completed the "Plan, Do, Check, Act" system to
improvements made as a result of your EMS	investigate the situation, resolve the problems and
assessment(s) or compliance audit(s).	recheck the issue.
□ No	
 b. If no, please explain your plans to correct these instances. 	
☐ No such instances identified.	
5. Explain the emergencies experienced within the facility during the	There were no reportable emergencies at the
past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been	facility last year. Drills were completed and the
made to your facility's emergency or contingency plans?	contingency plans proved effective. No changes
	were made.
6. When was the last Senior Management review of your EMS	Month/Year: January 2008
completed?	1 T
	Who headed the review? Name and Title: Bill Harper,
7. When did your facility last conduct a systematic identification or	Environmental Assistant Manager
review of your environmental aspects? 10. (Optional) Please provide a narrative summary of progress made	Month/Year: October 2008 Environmental Aspect Progress Made This Year
toward EMS objectives and targets other than those reported as an	(e.g., quantitative
Environmental Performance Initiative in the following section. You may limit the summary to environmental aspects that are significant	improvements, activities conducted)
and towards which progress has been made during the last calendar	
year. Attach additional sheets as necessary.	

SECTION C		L IMPROVEMENT INITIATIVE	RESULTS	
Why do we need this information	17			What do you need to do?
Facilities need to share the results improvement initiative that was pur-			e the following table to summarize is compared to your ESP environ	
Category: Air Emissions				
Aspect: VOC		,,	***************************************	
Specific Information on Aspect (opt	ional):			
·	Baseline	Progress during year 2008	Environmental Improvement Initiative Goal	Cost Savings (if applicable)
Actual Quantity (per year)	973	603	618	
Measurement Unit	tons	tons	tons	
Normalized Quantity (per year)	1.00	0.58	0.74	
Basis for your Normalizing Factor (e.g., gallons of paint produced)	vehicles produced	vehicles produced	vehicles produced	***
Briefly describe how you achieved i Waterborne paint replace				
Please list any state, EPA, or other	partnership programs to which	you are reporting this data (e.g	g., Energy Star, Project XL).	
(Optional) If your facility has expend those results here.	enced continued results for env	ironmental improvement initiati	ves pursued in past years of ESP	membership, please share
SECTION D		NMENTAL IMPROVEMENT I	NITIATIVES	
Why do we need this information			(2 · (· · 1 · ·) - · · · ·	What do you need to do?
Pacilities need to demonstrate their improving environmental performan		2°	Refer to the gravio	ormental Performance Table.
For ESP membership, you must ide the application and the remaining w questions. Choose an indicator from Performance Indicator Table is proviselect for your initiative should be reenvironmental impact in your EMS, sure how your objectives and target IDEM at 800-988-7901.	ontify three (3) environmental in ill be identified each year in the m the Environmental Performan ided with the ESP Application elated to the objectives and tare No more than two of your indi	a annual report⊬ Identify the ne- nce Indicator Table to measure and is also avaílable at http://w gets in your EMS. Where possi cators can be from the same er	w initiative that will begin this year the identified environmental initiat ww.in.gov/idem/prevention/esp/tat ible, indicators should also be ider nvironmental category during the 3	by answering the following live. The Environmental ble.doc. The indicator you stifled as having a significant byear term. If you are not

Please complete the following questions according to the environmental indicator you selected from the Environmental Performance Indicator Table. Additional information is required for air, hazardous waste, solid waste, and energy indicators as requested in Appendix 1.

- 1a What category have you selected from the Environmental Performance Table? (If the category is Energy Use, Waste, or Air Emissions for Total GHGs, please turn to Appendix 1 to complete additional questions pertaining to the category you have selected.) Air Emissions
- 1b What indicator have you selected from the Environmental Performance Table? TOXICS
- 1c All measurements should represent the performance level for the indicator across the entire facility. For many indicators, you may choose to focus your initiative on a specific subset of the indicator (e.g., a specific material, process, VOC, group of toxic air emissions, or particular waste component). Does your initiative include everything covered by the indicator (e.g., all VOCs, all non-hazardous waste), or a specific process, substance, or component (e.g., ethane, cardboard)?

☐ Specific

If your initiative is specific to a substance or component, please provide additional detail on your indicator (e.g., specific chemical to be reduced, specific waste component).

- 1d What activities or process changes do you plan to undertake at your facility to accomplish your initiative (e.g., technology changes in a particular process line, employee training)? Waterborne Primer
- 2a Does this initiative address a significant aspect in your EMS?

⊠ Yes □ No

2b If no, please explain why you believe this indicator should be included as an environmental improvement initiative.

Stop! If the category listed in Question 1a is Energy Use, Waste, or Air Emissions for Total GHGs, please skip Questions 3a - 3b below and turn to Appendix 1

to o reg	omplete the questions pertaining to the cate arding your facility's environmental improven	gory you listed. After com nent initiative.	pleting Appendix 1, return to question 4 and complete the remaining questions
3a Wha (<i>Ple</i> a	t units are you using to quantify this indicator	? lbs. Indicator Table for the acc	eptable units for each indicator.)
	the baseline annual quantity of the indicator a seline quantity	and the annual quantity yo $176,354$ lbs.	ou are committing to achieve by the future year. Year RY06
Fut	ure year quantity (not including production)	32,464 lbs.	Year RY09
×	the quantity presented in the future quantity of Normalized goal (i.e., indexed to level of bu Absolute goal (i.e., demonstrates improvem	siness in baseline year)	
Pleas sold,	e briefly describe your basis for normalizing.	Examples of potential no	dizing factors and normalized quantities in your annual performance reports. commalizing basis include: gallons of paint produced, square feet of circuit boards ber of employees (for R&D and administrative sites only).
∂a Are y ⊠ □	ou subject to Federal, State, tribal, or local re Yes No	egulatory requirements fo	r this Indicator?
6b If yes	s, explain how your initiative exceeds regulate	ory requirements. TMM	has a Title V Air Permit which includes Toxic Emissions
			·
IDEM ad	N E we need this information? adds to know how environmental ion was shared with the public.	PUBLIC OUTREACH	SAND PERFORMANCE REPORTING What do you need to do? Describe how the facility has shared and plans
Please t	oriefly describe the activities that your facility ublicly on its environmental performance. Fe	el free, but not obligated,	orting period to interact with the community on environmental Issues and to to attach supporting materials (e.g., meeting agendas, public announcements). Onitoring Days, Earth Aware Camp
Please i	ndicate which of the following methods your t appropriate.	acility plans to use to mal	ke its ESP Annual Performance Report available to the public. Please check as
☐ Webs	site (http://www.		
☐ Oper	House		
☐ Meet	ings		
⊠ Press	Releases		"
☐ Com	munity Advisory Panel		
☐ Other			
		<u>, , , , , , , , , , , , , , , , , , , </u>	
SECTIO		ADDITIONAL	INFORMATION
This into	we need this information? mation will fielp IDEM to effect vely manage neutal Stewardship Program.	the	What do you need to do? Answer the caestions as completely as possable.
1.	In addition to ESP, please list environmenta information about each particular program).		intary programs participated in during the past twelve months (include
	TMC Eco Award, World Water Day Award	ilution Partners, C er Monitoring Day	Governor's Award for Env. Excellence, Energy Star, y, National Public Lands Day, Adopt-a-Highway, Arbor
2.	Has your facility taken advantage of any ES	SP incentives? If so, plear	se describe the implementation process and list additional benefits IDEM should
	consider.		antage of ESP incentives regarding expedited air
	permit modifications.	wed won the	Courter. Toyota is not having and problems WES
3.	If your facility was not registered to the ISO how has ESP been instrumental in achievin N/A	14001 standard prior to t	ecoming an ESP member, has ESP helped you to pursue registration? If so,

- 4. Explain the measured or perceived results from receiving, documenting, and responding to external communication. External communication our relationship within the community.
- How have community residents and businesses reacted to your facility participating in the Indiana Environmental Stewardship Program?
 No Change
- 6. According to the measurement program developed and implemented by your facility to measure Environmental Management System success, is your facility's EMS successful? Why or why not? If not, what changes will be made to ensure continual environmental improvement and future EMS success?

TMMI's EMS is successful by involving Team Members at all level for environmental support, improvements and initiative. With T/Ms providing continual improvement kaizens and regular internal and external audits, our system is frequently reviewed.

CERTIFICATION AND PLEDGE

On behalf of Toyota Motor Manufacturing, Indiana, Inc (TMMI) (name of facility),

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, TMMI, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

Title

Vice President, Administration

Date (month, day, year)

3/31/09

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA ESP Program Manager MC 64-00 IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2251

FAX: 317-233-5627 E-mail: esp@idem.IN.gov Additional questions for caviconnental improvement inhatives for the following categories/indicators

 Non-Transportation

in the table below, please enter the amount of energy that you currently use and that you intend to use in your future reporting year. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line (natural gas is typically combusted on site so it is listed in the "onsite" section).

Please note that this table categorizes sources of energy according to where the energy is generated.

3a is the goal of your energy	use commitment to:	
☐ Reduce total energy	use	
Invest in renewable		
Combination of both	strategies	

3b How much energy of each type does your facility use?

		Baseline Year 20	Future Year 20	Units
Energy	Electricity			
Generated	Steam			***************************************
Off-Site	Total Energy Generated Off-Site			
	Coal			
	Natural Gas			
	Crude Oil			
	Fuel Oil			
	Diesel			
	Propane / LPG			
	Gasoline			
	Hydrogen Powered Fuel Cells			
Sources of Energy	Natural Gas / Methane Powered Fuel Cells			***************************************
Generated On-Site	Biomass			
On One	Solar			
	Wind			
	Landfill Gas			
	Geothermal			
	Hydroelectric			
	Tire Derived Fuel			
	Other Fuel or Source Specify:			
	Total Energy Generated On-Site			
Total Renew	able Energy Use			
	enewable Energy Use			
Total Energy		·		
vietric Tons	of CO2 Equivalents			
Metric Tons	of CO2 Equivalents			
Uffset i rom Renew:	hrough Purchases of Electricity able Off-Site Sources			
	ons of CO2 Equivalents		A	

bunts you manage currently and that you intend to a duct nor product packaging.	f non-hazardous waste, broken dow nanage in your future reporting year	n by waste management method. I . "Waste" is defined as all materials	Please enter both the s sent off-site that are neith
is the goal of your non-hazardous waste commitm Reduce non-hazardous waste Improve waste management methods Combination of both strategies	ent to:		
How much of your waste is handled using each ma	nagement method?		
Method of Waste Managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			
Other management - Specify:			
Total Non-Hazardous Waste			
Is the goal of your hazardous waste commitment to Reduce hazardous waste Improve waste management methods Combination of both strategies How much of your hazardous waste is handled us			·
Method of Waste Managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			
Treated on-site			
Other management			
Specify: Total Hazardous Waste			

much greenho	use gas does your facility emit from each s	source?	₩.	
	Source	Baseline Year 20	Future Year 20	Units
	Stationary Combustion		Track Control of the	
	Mobile Sources			
	Refrigeration/AC Equipment Use			
	Process/Fugitive			
Direct	Specify Source:			
Emissions	Process/Fugitive			
	Specify Source:	<u></u>		
	Process/Fugitive			
	Specify Source:			
	Total Direct Emissions			
	Process/Fugitive			
	Purchased Electricity			
Indirect Emissions	Purchased Steam			
CHIISSIONS	Purchased Hot Water			
	Total Indirect Emissions			
	Other Specific Specific			
Optional	Specify Source:			
Indirect	Specify Source:	-		
Emissions	Other			
	Specify Source:			
	Total Optional Indirect Emissions			
	Offsets			;
	Specify Source:			
	Offsets			İ
Offsets	Specify Source: Offsets			
0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Specify Source:			
	Total Reductions from Offsets			
	Total Emissions Less Offsets			
	Total CFC			
	Total HCFC Total Stationary Combustion –			
N	Biomass CO2	norman de la companya		
Supplemental Information	Total Mobile Sources – Biomass			
moniation	CO2			
		······································		
	Electricity trading transactions-			
	Electricity Purchase for Resale			1